

# Best Practices for mySAP.com

FUNCTIONAL SPECIFICATION INTERFACES			
<b>Section I: Justification</b>			
Area (SAP System components):	PSM (FM)	Date:	04/25/2006
Requested by:	Teresa Hane	Tel no:	
Title:	Appropriations Balance Reporting		
Short description:	This functionality is required to provide non-live agencies with the information currently received from STARS.		
Program type:	<input checked="" type="checkbox"/> Batch interfaces <input type="checkbox"/> Online interfaces		
Priority:	<input checked="" type="checkbox"/> High/mandatory <input type="checkbox"/> Medium/recommended <input type="checkbox"/> Low/optional		
<u>Interface specification:</u>			
Type of interface:	<input type="checkbox"/> BAPI <input type="checkbox"/> IDOC <input type="checkbox"/> ALE <input type="checkbox"/> Others		
Created with:	<input type="checkbox"/> SAP Standard interface <input checked="" type="checkbox"/> Add-on interface		
Interface direction:	<input type="checkbox"/> Inbound <input checked="" type="checkbox"/> Outbound <input type="checkbox"/> Both		
Frequency:	<input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Biweekly <input type="checkbox"/> Others:		
<u>General information:</u>			
Results if no interface is are created:	<input type="checkbox"/> Legal requirements not fulfilled <input checked="" type="checkbox"/> Lack of essential business information <input checked="" type="checkbox"/> Lack of functions compared to legacy system <input type="checkbox"/> Others: Increased manual entry		
Approx. duration of development work:	5 Days		
Is there an alternative in the standard system?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Description of alternative:			
Reasons why alternative is not acceptable:	<input type="checkbox"/> Performance problems <input type="checkbox"/> Complexity <input type="checkbox"/> Others:		
Project cost:		Charge cost to:	
Cost approved by:			
Date of project management approval:		Date of steering committee approval:	

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## Section II: Detailed Functional Description

### Background:

The State of South Carolina expectations for the non-live agency process:

- Minimize impact to non-live SAP agencies
  - Allows non-live agencies to continue accessing STARS inquiry systems, functionality and reports
  - Allows non-live agencies to continue providing files in current format and data to STARS
- Minimize impact on SCEIS resources needed to support non-live agencies
- Minimize development cost of maintaining legacy STARS systems

### Requirement:

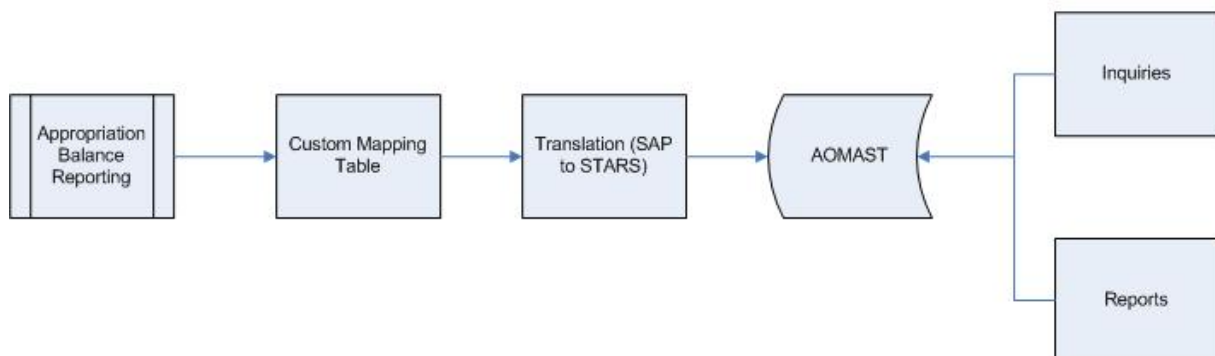
- Appropriations balance reporting to STARS for non-live agencies.
  - Current month
  - Prior month
- Report to be provided after processing STARS inbound file.

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Not Applicable

A) Inbound Interfaces (Non-SAP System → SAP System)					
Relevant tables:					
Description of inbound interface:					
Input file 01:					
File name.	(path)				
Layout					
Position	Field name	Type	Length	Decimals	Description
1.	Field 1	C	10	02	
2.	Field 2	N	8		
3.	Field 3	X	15	03	
4.	Field 4	X	99		
5.	Field 5	X	99		
6.	Field 6	X	99		

## STARS/SAP Non-Live Agencies Appropriations Balance Reporting



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B) Outbound interfaces (SAP System → Non-SAP System)					
Relevant tables:	Custom Data Mapping Table				
Description of outbound interfaces:	Transaction FMRP_RW_BUDCON Program GPBHY74P1B4RTXHVXIRMDG40JAZ900  After executing the program, the information will be mapped to STARS master data and provided to STARS.				
Output file 01:					
File name:	(path)				
Layout					
<i>Position</i>	<i>Fieldname</i>	<i>Type</i>	<i>Length</i>	<i>Decimals</i>	<i>Description</i>
1.	Field 1	C	10	02	
2.	Field 2	N	8		
3.	Field 3	X	15	03	
4.	Field 4	X	99		
5.	Field 5	X	99		
6.	Field 6	X	99		

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Section III: Functional test			
Program:	ZFO0001	Test date:	
Developer:		Tel no:	
<u>Team member responsible for testing:</u>			
1. Test file(s): (optional)			
2. Is the program in line with the functional specification? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", sign the form in the appropriate section below. If necessary, add some comments in the 'General comments' section. If "No", describe the errors in the program here.			
<u>Developer responsible:</u>			
3. Describe the solution(s) :			
4. New completion date:			
<u>Comments after second test</u> (if the program contained errors after first test):			
Date:    /    /			
<u>General comments:</u>			
<u>Names and signatures:</u>			
_____			
Application consultant			
_____			
Developer			